



WISCONSIN STATE REPRESENTATIVE
Jennifer Shilling
95TH ASSEMBLY DISTRICT

Testimony in support of Senate Bill 535: Anesthesiologist Assistant Licensure Bill

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

March 16, 2010

Good morning Chairman Erpenbach and members of the committee. Thank you for holding a public hearing on Senate Bill 535.

Anesthesiologist Assistants, or AA's as they are more commonly known, are highly educated and highly skilled health professionals who work under the direction and supervision of licensed Anesthesiologists to provide anesthesia services to patients for surgery and other procedures. While our state regulates a number of professions including auctioneers, barbers, interior designers, and soil scientists, AA's who participate in complex medical procedures are not licensed in Wisconsin.

Both statewide and nationally, there is a shortage of anesthesia providers which has only grown worse in recent years due to the increasing number of patients requiring anesthesia for medical procedures and the need to provide care to an aging population that utilizes more medical services.

These anesthesia procedures range from injecting medications locally to numb specific areas of the body to administering medications that render patients unconscious for major surgical procedures. In addition to conducting these procedures, qualified anesthesia providers are also responsible for monitoring and follow-up of surgical patients.

As hospitals and surgery centers continue to look for ways to meet their workplace demands and provide the best possible care to their patients, AA's have proven that they are capable of filling current vacancies and will help to improve the delivery of health services.

AA's are not a new profession and they have been providing quality anesthesia care to patients in Wisconsin since 1980. AA's have successfully practiced under Wisconsin's "delegated authority" statute (Ch. 448.03(2)). Currently, all AA's have a premedical background, a baccalaureate degree, and must graduate from an accredited, Masters level AA program.

This bill would create licensing requirements, practice standards, and professional oversight and disciplinary mechanisms that will demonstrate the qualifications of AA's to health providers and patients. Furthermore, this licensing process will guarantee that these high standards continue to be met by AA's in our state. AA's would be required to have a bachelor's degree, complete an accredited AA program, and pass the certifying examination from the National Commission on Certification of Anesthesiologist Assistants.

I know that this bill alone will not solve the anesthesia provider shortage in many areas, but I believe that hospitals should have every possible option available to them. SB 535 will encourage hospitals to look at hiring AA's to fill vacant positions in order to reduce staff overtime and ensure high quality care and reassure these providers that the AA's they might be looking to hire are well-educated, skilled, and competent professionals.

I'm pleased that we were able to work with leadership from the Wisconsin Association of Nurse Anesthetists on the two amendments to the bill which address the concerns that I have heard from CRNA's in my district. Briefly, Amendment 1 will reduce the time limit for temporary licensure, ensure that AA's have current national certification, and eliminate the UW feasibility study. Amendment 2 addresses concerns that have been raised regarding the supervision of AA students.

As I've mentioned before, we need to look at every possible option available to address the current shortage of anesthesia providers in our state and prepare for the future demands this workforce will face. I want to thank you again for your time, and I'd be glad to take any questions you might have.



Gundersen LutheranSM

January 27, 2010

The Honorable Jennifer Shilling
Wisconsin State Capitol
Room 320 East, PO Box 8953
Madison, WI 53708

Dear Representative Shilling:

On behalf of Gundersen Lutheran, we support legislation providing for licensure of anesthesiologist assistants by the Wisconsin Department of Regulation & Licensing.

In recent years, Wisconsin has experienced an increase in anesthesiologist assistants to meet the demands of healthcare. Currently, there are approximately 15 practicing anesthesiologist assistants in Wisconsin, according to the Wisconsin Academy of Anesthesiology Assistants.

Gundersen Lutheran hired its first anesthesiologist assistant in 2000 and today employs six practicing anesthesiologist assistants in its tri-state service area. Anesthesiologist assistants are qualified to administer anesthetic, work in many practice settings and provide care for a variety of surgeries and procedures. Gundersen Lutheran is happy with its experience with anesthesiologist assistants and their involvement on the patient care team.

Gundersen Lutheran believes Wisconsin must address prospective workforce shortages in healthcare by expanding its healthcare workforce in areas such as anesthesiology. This need is especially urgent given the proposed federal expansion of healthcare insurance coverage to over 95% of the American population.

As the number of anesthesiologist assistants increases, Gundersen Lutheran believes it is time for Wisconsin to license anesthesiologist assistants to ensure they meet certain education, examination and practice requirements.

Please feel free to contact me with any questions.

Sincerely,



Gerald E. Arndt
Senior Vice President Business Services



Michael L. Bottcher, MD
Chair, Anesthesiology Department

External Affairs Department 1900 South Avenue, Mailstop: H02-009, La Crosse, WI 54601
Email: ExternalAffairs@gundluth.org Phone: 608-775-1400 Fax: 608-775-6225



Wheaton Franciscan Healthcare

400 W. River Woods Parkway
Glendale, WI 53212-1060

Sponsored by the Wheaton Franciscan Sisters

January 12, 2010

Representative Jennifer Shilling
Room 320 East, State Capitol
P.O. Box 8953
Madison, Wisconsin 53725-9038

Dear Representative Shilling:

I am writing to you today to express my support for LRB 0354/5, which would create licensure requirements and practice standards for Anesthesiologist Assistants (AAs) in Wisconsin. I appreciate your leadership on this critical issue.

With the current and ever increasing shortage of both Anesthesiologists and Certified Registered Nurse Anesthetists nationwide, since 2001, seven states have opted to license AAs in order to bring in more qualified anesthesia providers to meet the growing demand for anesthesia services. Credentialing committees and insurance carriers are looking for assurances that anesthesia providers are competent, and licensing AAs is one way of accomplishing that goal. Licensure increases oversight by placing AAs under the auspices of the Medical Examining Board, similar to Physician Assistants and Respiratory Therapists. Over time, this would make Wisconsin a more attractive place for AAs to work and live.

Approximately 1,200 AAs currently practice by medical licensure or physician delegatory authority in seventeen states plus the District of Columbia, and AAs have worked in Wisconsin since 1980. There are currently fourteen AAs in La Crosse and Madison who work exclusively under the direction of an anesthesiologist in the Anesthesia Care Team model, the predominant anesthesia patient care model in use in Wisconsin and the United States. Medical malpractice carriers provide insurance coverage for AAs either directly or through their employer, and AAs are recognized as approved health care providers for reimbursement purposes by Medicare, Medicaid, The Department of Veteran Affairs, and TriCare.

I greatly appreciate your efforts in pursuit of legislation around this issue, as I believe this is one way to help improve access to quality health care across the state. Please feel free to contact me directly, should you have any questions.

Sincerely,

Debra K. Standridge
President - North Market
Wheaton Franciscan Healthcare

Gundersen LutheranSM

Testimony Provided To:
**Senate Committee on Health, Health Insurance, Privacy,
Property Tax Relief and Revenue**

March 16, 2010

By:

Michael Bottcher, MD

Chair, Anesthesiology Department

Gundersen Lutheran Health System

External Affairs Department: 608-775-1400

Externalaffairs@gundluth.org

Committee Members,

Thank you for your time and interest. As Chairman of the Department of Anesthesiology at Gundersen Lutheran Medical Center, I am here to express our support for the legislation providing for licensure of Anesthesiologist Assistants.

I have practiced at Gundersen Lutheran as an anesthesiologist for 20 years. Our department consists of anesthesiologists, nurse anesthetists (CRNAs), and anesthesiologist assistants (AAs). Using an anesthesia care team approach we provide anesthetics for over 16,000 patients a year.

When I became department chair 10 years ago we were facing a critical shortage of anesthesiologists and CRNAs. The paucity of anesthesia providers limited our ability to provide surgical services for patients from our tri-state area. It was at this time, in an effort to address our shortage of providers that we considered the possibility of hiring anesthesiologist assistants. After thoroughly investigating their education and training we were convinced that they were qualified to provide anesthesia care. Subsequently we hired our first AA. We currently have six AA's working at Gundersen Lutheran.

Anesthesiologist Assistants have proved to be invaluable to our department's ability to provide anesthesia services. They are very well trained and provide thoughtful, diligent, patient care. Anesthesiologist Assistants participate in the delivery of anesthesia care for all types of surgeries that we perform at Gundersen Lutheran.

Although Anesthesiologist Assistants have a rigorous certification and recertification process, there is no oversight by the Wisconsin Department of Regulation and Licensing. I believe that because of the vital role that they play in caring for patients that they should be subject to the same regulatory oversight of other healthcare providers.

I believe licensure will make it easier for hospitals that use the anesthesia care team model to hire Anesthesiologist Assistants. My experience in speaking with anesthesiologist groups throughout the state is that although they would like to hire Anesthesiologist Assistants, they are unable to overcome the resistance of hospital administrators who do not understand the training and qualifications of Anesthesiologist Assistants. I am told that much of the concern and confusion is because the Anesthesiologist Assistants do not have licensure. Obviously licensure would remove this barrier and provide administrators with the added confidence when hiring Anesthesiologist Assistants.

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TO: Senator Jon Erpenbach, Chair
Members, Senate Committee on Health, Health Insurance, Privacy,
Property Tax Relief and Revenue

FROM: Robert Koebert, MD
WSA President

DATE: March 16, 2010

RE: Senate Bill 535 - Support for Licensure of
Anesthesiologist Assistants

On behalf of the Wisconsin Society of Anesthesiologists, please support Senate Bill 535,
licensure of Anesthesiologist Assistants.

Anesthesiology is a medical specialty of critical importance to patients. Whether removing cancerous tumors, transplanting organs, rebuilding joints, repairing traumatic injuries, or something as "routine" as removing an inflamed appendix, surgery requires anesthesia -- most often "general anesthesia" where powerful drugs render the patient unconscious for the duration of surgery (whether minutes or many hours). These are the obvious examples, but anesthesia is required for many other surgical and medical procedures.

Wisconsin faces a shortage of qualified anesthesia providers today. As we all know, as the Baby Boom generation advances in age, the population most in need of anesthesia for life saving, life sustaining and life improving medical care is growing dramatically. The result is that left unchanged, the shortage of qualified anesthesia providers will worsen in the coming decades. This shortage threatens the ability of our health care system to meet this approaching demand for surgical, anesthesia and other critical medical services.

SB 535 (and its companion, AB 671) would license Anesthesiologist Assistants (AAs). Practicing alongside Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) in Wisconsin for three decades, AAs are a largely untapped potential that can help address our worsening shortage of qualified anesthesia providers.

AAs are highly educated (Masters Degree) health professionals who specialize in Anesthesiology. AAs work under the supervision of Anesthesiologists providing anesthesia to surgical and other patients. Their long track record in Wisconsin is unblemished. But their hiring outside of LaCrosse and Madison has been hindered by their lack of state licensure. Licensure of AAs will assure hospitals, physicians, patients and policy makers of the educational and training credentials of AAs, the scope of AA practice, and provide state oversight of their profession. And it will remove a significant barrier to their hiring and allow Wisconsin hospitals to recruit more qualified anesthesia providers to address the worsening shortage.

Passage of SB 535/AB 671 will not by itself alleviate our shortage, but it will be a positive step and will help Wisconsin get a jump on addressing this problem before it becomes critical. Please support AB 671.



Wisconsin Association Nurse Anesthetists

TO: Chairperson Jon Erpenbach
CC: Members of the Senate Health, Health Insurance, Privacy, Property Tax Relief and Revenue
FROM: Lawrence Beck, WIANA President
RE: Senate Bill 535 – Licensing of anesthesiologist assistants
DATE: Wednesday, March 16, 2010

The membership of the Wisconsin Association of Nurse Anesthetists has agreed with the proponents of SB 535, to several revisions to this legislation that address concerns we have raised. The changes to the bill are contained in Assembly Amendments 1 and 3 to AB 671, the companion bill to SB 535.

In particular:

- The time for an anesthesiologist assistant applicant to become licensed is reduced to 18 months, from 3 years.
- To be licensed, an anesthesiologist assistant would both pass the national exam and maintain certification. (In the original bill, it was one or the other.)
- A provision related to the supervision of anesthesiologist assistant students by nurse anesthetists and others is deleted.
- The proposed study of the feasibility of a school of anesthesiologist assistants is deleted from the bill.

If SB 535 is amended as was the Assembly bill earlier, then the Wisconsin Association of Nurse Anesthetists' position on SB 535 is changed from "opposition" to "neutral".

Thank you for your consideration of our views with regard to SB 535.

Lawrence K. Beck, CRNA
WIANA President
608-279-8128
president@wiana.com

TUESDAY, MARCH 16, 2010

TESTIMONY ON SB 535

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Scott Springman, M.D.
Professor of Anesthesiology
University of Wisconsin School of Medicine and Public Health
Madison, WI

Mr. Chairman, Members of the Committee....

Thank you for the opportunity to speak today.

My name is Scott Springman. I am a Medical Doctor and anesthesiologist with over 30 years of clinical experience. I am also a Professor of Anesthesiology at the University of Wisconsin, and I speak in support of SB 535 on behalf of all Anesthesiologist doctors at University of Wisconsin Hospital.

At UW Hospital, we use the Anesthesia Care Team model to provide superior Anesthesia Care for Wisconsin patients undergoing surgical and non-surgical procedures. This model consists of a Physician Anesthesiologist medically directing one or more operating rooms with Anesthesiologist Assistants or Certified Registered Nurse Anesthetists. -- We schedule these two types of care providers in the same cases and in the same way.

The Anesthesia Care Team is the model of care used to provide anesthesia for about 75% of all surgical care in Wisconsin.

Both Anesthesiologist Assistants (AA) or the Nurse Anesthetists (CRNA) are mid-level providers of anesthesia care. At our institution, AA and CRNA roles are totally interchangeable; they provide each other relief during anesthetic cases for breaks, or swap themselves for personnel changeovers. The CRNAs at our institution readily accept a break or relief of duty during any case (routine or complex) from an AA, and vice versa. CRNAs and anesthesiologists trust the care of their patients with an Anesthesiology Assistant. In fact, CRNAs who have testified against this Bill at the recent Assembly Health Committee hearing, actually work alongside AAs at my hospital, and have frequently trusted and turned over the care of their patients to the hands of an AA.

I direct the Operating Rooms at the University of Wisconsin several times a month and when working at night. I am sometimes responsible for making the anesthesia assignments for all cases performed. There is no consideration when I or my colleagues make assignments to differentiate between AA's or CRNAs. They are assigned to help in the same type and complexity of cases. They both can assist in providing care for children and adults.

AAs and CRNAs receive virtually identical didactic education and on-site training. AAs must pass a rigorous board examination in order to practice, and take a recertification exam every 6 years. There is a National Commission for Certification of Anesthesiologist Assistants (NCCAA), a national board of both Physicians and AAs that oversees AA certification. These exams are processed by the National Board of Medical Examiners (NBME), the same as physicians. The questions that AAs must answer on their exams are rigorous and approach those a Physician Anesthesiologist must answer when taking his or her Board Exam.

Over the past 30 years at University of Wisconsin Hospital and Clinics, there has been no difference in the patient outcomes or complication rates of patients when comparing AA versus CRNA delivery of care in the Anesthesia Care Team model.

Anesthesiology Assistants have been a vital part of the Anesthesia Care Team, and have provided anesthesia to patients in Wisconsin for over 3 decades. Currently the AAs practice under Delegatory Authority in the State of Wisconsin. Under this Authority, the oversight of the AA practice is solely the responsibility of the hospital where they are employed. Unfortunately, many hospitals will not hire and utilize AAs since they do not have a license to practice, despite the fact that Anesthesiologist's are very willing to work with them. CRNAs are been licensed for many years, and do not face a licensing barrier when applying for the same positions.

Licensure of AAs would provide hospital credentialing committees, insurance carriers, and patients with the assurance that these well-trained anesthesia care providers are certified competent in the work they perform. This would codify AA practice into State law, provide a state disciplinary process for AA practice, and place AA screening and tracking under the watchful eye of the Medical Examining Board. Significantly, the MEB unanimously voted support for licensing of Anesthesia Assistants.

There is a forecasted shortage of Anesthesia providers in the United States, which is predicted to become severe by 2020. (Rand Study, 2009). On extremely busy OR days, we currently experience a shortage of personnel at the University Hospital and Clinics, and other hospitals in Wisconsin. Licensure of AAs would simplify the process and improve the ability of hospitals to hire another very qualified and needed anesthesia physician extender to meet surgical demands.

This Bill only addresses the fair need for AA Licensure. It does not dictate what providers hospitals must hire or where any other anesthesia provider are allowed to practice.

Please give our hospitals and anesthesiologists another valuable and well-qualified option to care for the people of Wisconsin.

Thank you



WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

TO: Senator Jon Erpenbach, Chair
Members, Senate Committee on Health, Health Insurance, Privacy,
Property Tax Relief and Revenue

FROM: Clark Collins, MPAS, PA-C
President - Elect

DATE: March 16, 2010

RE: Support for Anesthesiologist Assistant Licensure – SB 535

On behalf of the nearly 1000 members of the Wisconsin Academy of Physician Assistants, I would like to express our support for Senate Bill 535 – licensure of Anesthesiologist Assistants (AAs).

At today's hearing, you are likely to hear that AAs are "a lot like Physician Assistants (PAs)." I want to make clear that AAs and PAs are not the same. On paper our educational tracks may be similar, and both professions practice with physician supervision, but we are distinct health professionals. The education of PAs spans a wide spectrum of all medical specialties. Family medicine, emergency medicine, orthopedic and general surgery are very common fields for PAs but PAs practice in all of the physician specialty fields. Anesthesiology is rarely part of our practice.

In Wisconsin, PAs practice with physician supervision – as do AAs. PAs are licensed by the Department of Regulation & Licensing and fall under the umbrella of the Medical Examining Board (MEB). The PA Council advises the MEB on matters affecting PA education, licensure exams, qualifications and discipline, with final authority residing with the MEB. PAs were originally certified by the Department of Regulation and Licensing. This was changed to licensure in 1997. Licensure has proven an efficient and effective way to regulate our profession. SB 535 would follow this proven model for AA licensure and oversight.

Prior to 1997, PAs practiced under "delegatory authority" (Wisconsin statutes authorize physicians to delegate medical acts to others working under their supervision). The transparency provided by formal licensure means physicians, hospitals, clinics and patients are assured of our educational and professional qualifications and the safety of our practice. The number of PAs in Wisconsin has grown to more than 1000 today. PAs have become an indispensable part of Wisconsin's health care system.

Anesthesiologist Assistants no doubt encounter the same hurdles PAs faced early in our history. There is a shortage of anesthesia providers in Wisconsin already, and it is projected to worsen. The unblemished history of AAs in Wisconsin strongly suggests that they are capable of providing some relief in this shortage. SB 535 will provide an effective means for regulating AA practice and ensuring continued patient safety, and as a significant step toward helping Wisconsin recruit more anesthesia and positively impact the efficiency and availability of medical procedures requiring anesthesia.

Testimony of Behalf of SB 535
March 16, 2010

Good morning and thank you for the opportunity to speak before the committee. My name is Robert Koebert. I am a practicing anesthesiologist in Milwaukee and President of the Wisconsin Society of Anesthesiologists, on whose behalf I testify in support of this bill.

Perfusionists, Physician Assistants, Audiologists, Acupuncturists, Respiratory Therapists and Athletic Trainers are but a part of a group of professionals who work in health related fields. All are licensed by the State of Wisconsin. Anesthesiologist Assistants (AA's) have worked in Wisconsin for over thirty years. They are responsible for administering powerful anesthetic medications and monitoring patients during the conduct of surgery and other procedures requiring anesthesia. AA's are very well trained professionals and have a laudable record of patient safety in Wisconsin and elsewhere in the country. Anesthesiologist Assistants, however, are NOT licensed in our State.

SB 535 would create an Anesthesiologist Assistant Advisory Council under the auspices of the State Medical Examining Board, similar to what exists currently for perfusionists, physician assistants and respiratory therapists. Current oversight of AA practice is limited to the local rules and regulations at the hospitals in which they work.

The bill would serve to codify AA practice in State law. Currently no such parameters exist.

Enacting this legislation would greatly ease the process of credentialing and hiring AA's. I know of several well respected health care entities that are interested in hiring AA's to help fill the need for qualified anesthesia providers. They have met resistance, however, within their institutions simply because AA's are not licensed in our State. The demand for anesthesia services is projected to continue to increase for the foreseeable future.

Making Wisconsin a more attractive place to recruit and employ AA's would be a benefit to all in the State.

Certainly, AA's deserve the recognition that State licensure would provide.

Thank you for your time and I would be happy to take any questions you might have.

Respectfully submitted,

Robert F. Koebert, M.D.
President, Wisconsin Society of Anesthesiologists

Who Are Anesthesiologist Assistants?

Anesthesiologist Assistants (AAs) are highly educated and trained "qualified anesthesia providers" who work under the physician-supervision of Anesthesiologists. AAs provide anesthesia to patients undergoing surgical and other major medical procedures. To be accredited, all AAs must:

- Obtain a Bachelor's Degree
- Obtain a Master's Degree from an accredited AA training program
- Complete an average of 2500 hours of clinical anesthesia training
- Pass a national certification exam and periodic recertification exams.

Anesthesiologist Assistants (AAs) have practiced safely at two Wisconsin hospitals for nearly 30 years: Gundersen Lutheran in LaCrosse and University Hospital in Madison.

AAs work side-by-side with Certified Registered Nurse Anesthetists (CRNAs) at both hospitals, and perform all the same duties and functions.

Just like CRNAs, AAs are defined as "non-physician anesthetists" under Federal law, and AA services are reimbursed by Medicare, Medicaid and private insurers.

Already, Wisconsin does not have enough qualified anesthesia providers to fill the available anesthesia positions at Wisconsin's hospitals. (WHA's, Wisconsin's Health Care Workforce Report 2008) As our population ages, the need for surgeries and other procedures requiring anesthesia will increase, and the shortage will worsen. Anesthesiologist Assistants can help alleviate this shortage.



History

Anesthesiologist Assistants (AAs) are highly educated allied health professionals who provide patient care exclusively under the direction of anesthesiologists. This is called the Anesthesia Care Team (ACT). It is a very common and safe approach to providing anesthesia care. Over 70% of anesthetics delivered in the United States are via the ACT approach. AAs are trained extensively in the safe delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. The AA profession is fully endorsed by the American Society of Anesthesiologists and the American Medical Association.

- The first AA training programs opened in 1969
- AAs currently practice in seventeen states plus the District of Columbia either by medical licensure or physician delegatory authority
- AAs are not new---we have been practicing in Wisconsin since 1980, under delegatory authority and currently there are 17 AAs working at two hospitals: UW Hospital in Madison and Gundersen Lutheran Medical Center in La Crosse

Education

- Prerequisites
 - Four year pre-med degree (3.0 GPA or higher)
 - Top Percentile GRE or MCAT required.
- Training Programs
 - Seven AA Programs throughout the country
- Educational Program Requirements
 - Twenty-four to twenty-eight (24 - 28) month Masters degree post-graduate program.
 - One year of clinical training with a minimum of 2000 hours of direct patient care (average=2200 hours), and a minimum of 600 anesthesia cases, defined by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
 - Certification in Advanced Cardiac Life Support (ACLS)
 - Master's Education Topics: Physiology, Pharmacology, Anatomy, Biochemistry with special emphasis on Cardiovascular, Respiratory, Renal, Nervous and Neuromuscular systems.
 - Clinical Instruction includes extensive education in: Patient Monitoring, Anesthesia Delivery Systems, Life Support Systems, Patient Assessment and the skills needed to provide Compassionate, Quality, Safe Patient Care
- Certification
- AA graduates must pass the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants.
- Recertification
 - AAs must pass a recertification exam every six years.

- AAs must complete 40 hours of Continuing Medical Education credits every two years.

Current Practice

- AAs practice exclusively under the direction of an anesthesiologist in the Anesthesia Care Team model, and both the ASA and the AAAA support the ACT model of patient care.
- Anesthesiologist Assistants ("AAs") are currently licensed in eleven (11) states plus the District of Columbia. In addition, AAs are allowed to practice in six (6) states under physician delegatory statutes. Wisconsin is one of those states.

Rationale for Licensure

Licensure of AAs in Wisconsin would better define and anchor the practice of AAs in Wisconsin, as it would place AAs under the auspices of the Medical Examining Board, similar to Physician Assistants. This allows the watchful eye of the state medical board to uniformly screen, track, and provide a disciplinary process for AAs practicing in the state.

The national shortage of anesthesia providers has increased in recent years due to:

- the escalating number of healthcare procedures requiring anesthesia
- the increased requirement for surgical procedures in the elderly population (the fastest growing segment of our population)
- a large number of retiring anesthesia providers

The Rand Study completed in 2009 forecasts severe shortages of anesthesiologists by 2020. Also, in 2008, the Wisconsin Council on Medical Education and Workforce found that aging patients will drive the demand for specialists by 2020. Wisconsin's geriatric population will grow by 94% (ages 65-74) and 68% (age 75+). These groups utilize medical care at a higher rate, increasing the demand for advanced practice providers.

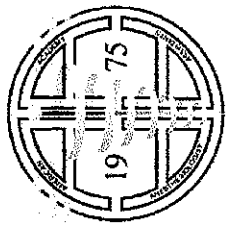
As the national shortage of all types of anesthesia providers has increased in recent years, more states have opted to license AAs to provide another anesthesia physician extender to meet the growing demand for surgical services. Since 2001, seven states have licensed AAs.

Credentialing committees and insurance carriers are increasingly looking for assurances that anesthesia providers are competent. Licensing AAs is one way of accomplishing that goal. Also, being licensed by the State Medical Board means the following:

- Patients can be assured that the AA taking care of them has gone through a review process prior to receiving a license.

What is Delegatory Authority?


- Physician delegatory authority is the ability of physicians to delegate certain tasks to others that have been properly trained to handle those tasks in a knowledgeable manner. This authority comes from state statutes and is usually written into the state's Medical Practice Act. Specific to Wisconsin law, Chapter 448 - Medical Practices, in the Wisconsin statutes, states the following:
 - 448.03 License or certificate required to practice; use of titles; civil immunity; practice of Christian Science.
 - (2) EXCEPTIONS. Nothing in this subchapter shall be construed either to prohibit, or to require, a license or certificate under this subchapter for any of the following:
 - (e) Any person other than a physician assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.
- This law is used to allow many types of physician extenders to work in a state without licensing and under the direction of a physician. Other examples of professions that work under physician delegatory authority are Emergency Medical Technicians (EMTs), ultrasound and sonogram technicians, and radiology technicians (x-ray techs), just to name a few, that fall under physician delegatory laws. Oversight is carried out at the hospital or facility level in these cases with credentialing requirements that include education and physician oversight requirements of the individual or profession in order to work at that hospital or facility.
- In Wisconsin, perfusionists, respiratory therapists, physician assistants, dieticians, occupational therapists, physical therapists, and even athletic trainers are licensed or credentialed by WI state statutes. The purpose of the AA licensing bill is to allow the same oversight for AAs.




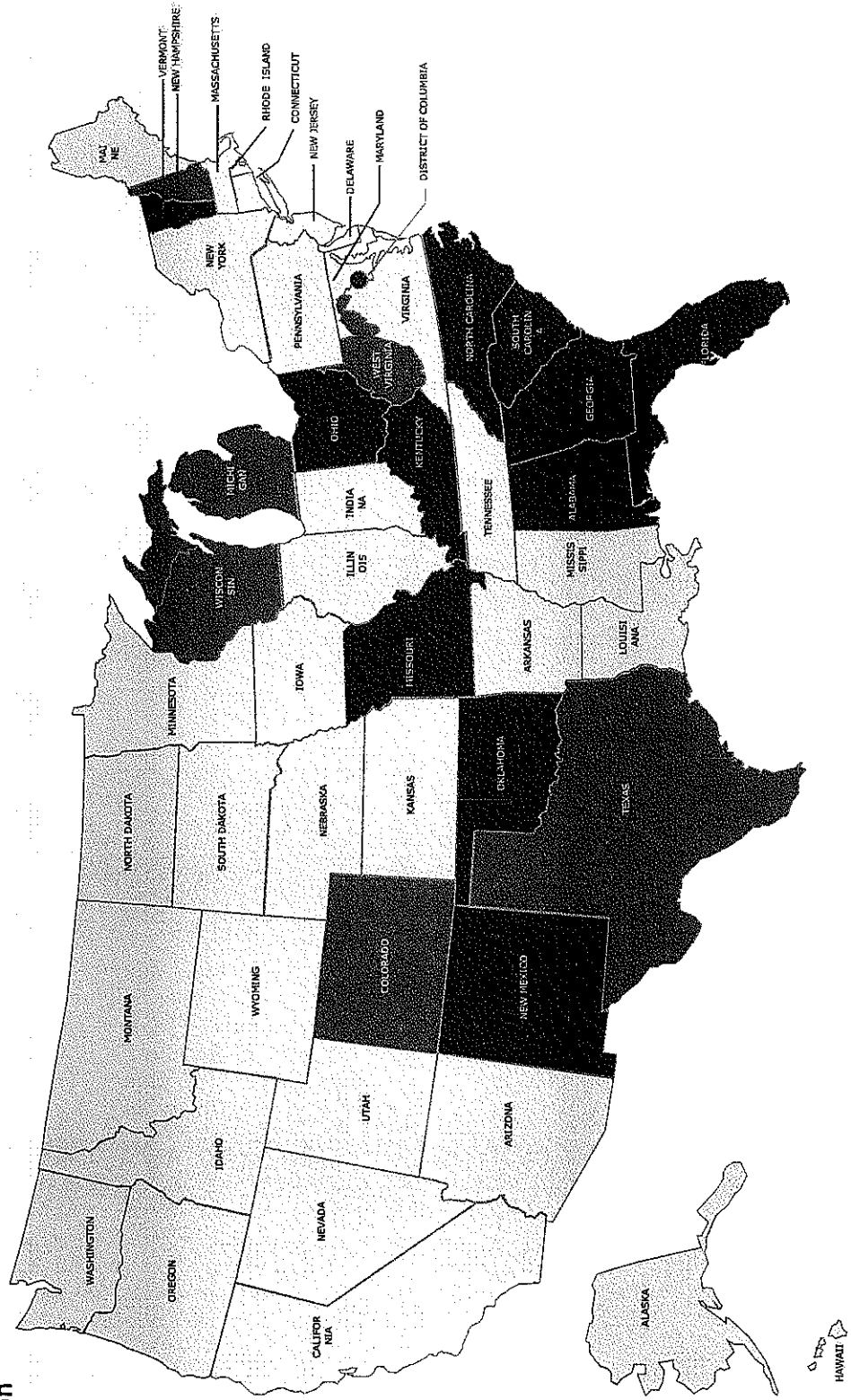
AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS
2209 Dickens Road Richmond, VA 23230-2005
www.anesthetist.org

Anesthesiologist Assistant Work States

Practice Authorization

 **Licensure**

 **Delegatory Authority**



Updated: November, 2008

LICENSING ANESTHESIOLOGIST ASSISTANTS

- Anesthesiologist Assistants ("AAs") are highly trained anesthetists who provide patient care exclusively under the direction of anesthesiologists. This is called the Anesthesia Care Team and is a very common and safe approach to providing anesthesia care.
- Anesthesiologist Assistants ("AAs") are currently licensed in eleven (11) states plus the District of Columbia. In addition, AAs are allowed to practice in six (6) states under physician delegatory statutes. Wisconsin is one of those states.
- Licensing Anesthesiologist Assistants in Wisconsin places these medical practitioners under the watchful eye of the state medical board to screen, track, and provide a disciplinary process for AAs practicing in the state.
- As the national shortage of all types of anesthesia providers has increased in recent years, more states have opted to license AAs to provide another anesthesia physician extender to meet the growing demand for surgical services.

AAs HAVE A STRONG TRACK RECORD OF PATIENT SAFETY

Malpractice Insurance Companies Provide AA Coverage

- Medical malpractice insurance carriers including Mag Mutual and Preferred Physicians Medical (PPM) all provide medical malpractice insurance coverage for AAs.

Recognized for Reimbursement by Federal Health Programs

- AAs are recognized as approved health care providers for reimbursement purposes by:
 - Medicare;
 - Medicaid;
 - The Department of Veterans Affairs; and
 - TriCare (the military's health insurance program).

A Long-Term Track Record of Safety

- The AA profession has been in existence since 1971 and has maintained an impeccable safety record.
- Since 2000, seven states plus the District of Columbia have enacted AA state statues allowing AAs to practice by medical licensure issued by the state medical board or its equivalent.

AA TRAINING AND EDUCATION

Prerequisites

- Four year pre-med degree (3.0 GPA or higher)
- Top Percentile GRE or MCAT required.

Training Programs

- Emory University (Atlanta, Georgia)
- Case Western Reserve University (Cleveland, Ohio campus)
- Case Western Reserve University (Houston, Texas campus)
- South University (Savannah, Georgia)
- Nova Southeastern University (Ft. Lauderdale, Florida)
- Nova Southeastern University (Tampa, Florida)
- University of Missouri Kansas City (Kansas City, Missouri)

Educational Program Requirements

- Twenty-four to twenty-eight (24 - 28) month Masters degree post-graduate program.
- One year of clinical training with an average of 2200 hours of direct patient care.
- Certification in Advanced Cardiac Life Support (ACLS)

Recertification

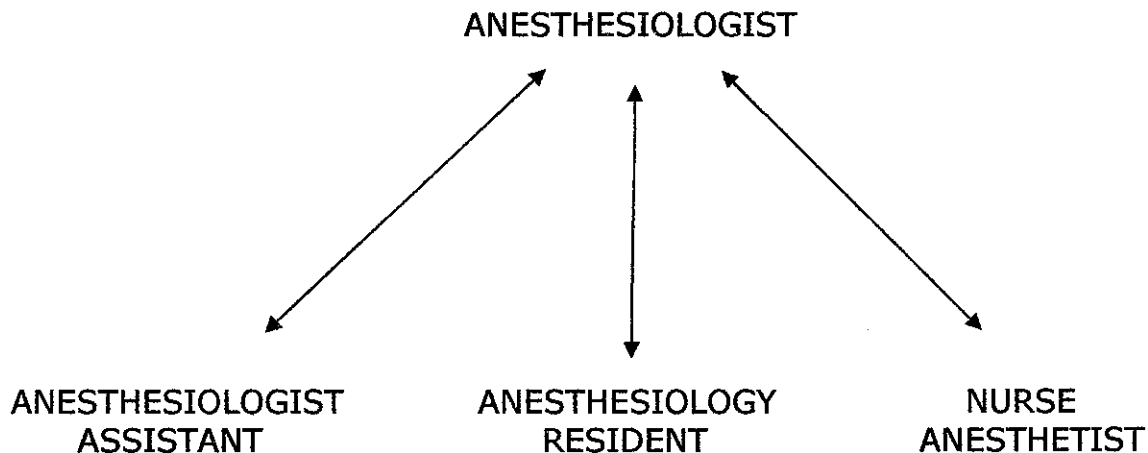
- AAs must pass a recertification exam every six years.
- AAs must complete 40 hours of Continuing Medical Education credits every two years.



WISCONSIN
ACADEMY OF
ANESTHESIOLOGIST
ASSISTANTS

Dedicated to the Anesthesia Care Team

WHAT IS ANESTHESIA CARE TEAM PRACTICE?



- Expertise of Physician specializing in Anesthesiology involved in ***every anesthetic***
- Recognized by CMS for over 25 years
 - Federal Register's definition of "Anesthetist" includes AAs
 - Equally reimburses for equal services
- For decades, most anesthetics delivered in the US have been by an Anesthesia Care Team

PROVEN...

ACCEPTED...

EMBRACED

Support SB 535